

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. E-51 Davis Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hermas Christie

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Aug 28 1930 Month Day Year

8. FATHER Full name Mmanuel Christie

9. Residence (Usual place of abode) Miami, Ariz If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Mexico (State or country)

13. Occupation Surface laborer Nature of Industry Copper mine

14. MOTHER Full maiden name Guadalupe Guerrero

15. Residence (Usual place of abode) Miami, Arizona If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Mexico (State or country)

19. Occupation Housewife Nature of Industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:10 A m. on the date above stated. (Born alive or stillborn)

Signature J. H. Miller (Physician or midwife.)

Given name added from a supplement report \_\_\_\_\_ Month, day, year \_\_\_\_\_ Address Miami, Arizona File 1930 19 30 Registrar 6. E. D. Miller

835-828-776

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 192  
Registered No. 509